

FILED JAN 25 1956  
Noller

# STANDARD CERTIFICATE OF DEATH

State File No. **3151**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **41**

1. PLACE OF DEATH  
 a. COUNTY **ST. LOUIS**  
 b. CITY OR TOWN **CLAYTON**  
 c. LENGTH OF STAY (in this place) **D.O.A.**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CO. HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE **MISSOURI** b. COUNTY **ST. LOUIS**  
 c. CITY OR TOWN **BRECKENRIDGE HILLS 4231**  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) **3109 WOODSON**

3. NAME OF DECEASED  
 a. (First) **EARNEY** b. (Middle) **AUSTIN** c. (Last) **BURCHARD**  
 4. DATE OF DEATH (Month) (Day) (Year) **1 - 3 - 56**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **WIDOWED** 8. DATE OF BIRTH **SEPT 8, 1990** 9. AGE (In years, Months, Days, Hours, Min.) **65**

10a. USUAL OCCUPATION (Obtain kind of work done during most of working life, even if retired) **RAILWAY EXPRESS CLERK** 10b. KIND OF BUSINESS OR INDUSTRY **RETIRED** 11. BIRTHPLACE (City and State or Foreign Country) **BONNOTS MILLS MO** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **GEORGE BURCHARD** 13b. MOTHER'S MAIDEN NAME **MARY WILLIAMS** 14. NAME OF HUSBAND OR WIFE **NETTIE BURCHARD**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **ELVINE LABEAU 3109 WOODSON**

18. CAUSE OF DEATH  
 Enter only one cause per line for (a), (b), and (c)  
 \*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Occlusion**  
 ANTECEDENT CAUSES **Hypertension**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO  **4201**

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from **10-5-1954** to **Aug 2, 1955**, that I last saw the deceased alive on **Aug 2, 1955**, and that death occurred at **8:57 P** m., from the causes and on the date stated above.

23a. SIGNATURE **A. W. Noller** (Degree or title) \_\_\_\_\_ 23b. ADDRESS **2438 Woodson Rd** 23c. DATE SIGNED **1/5/56**

24a. BURIAL, CREMATION, OR OTHER DISPOSITION **REMOVED** 24b. DATE **1-6-56** 24c. NAME OF CEMETERY OR CREMATORY **SMITH CEMETERY** 24d. LOCATION (City, town, or county) (State) **FRANKENSTEIN MO**

DATE REC'D BY LOCAL REG. **1-6-56** REGISTRAR'S SIGNATURE **Harbert Tomber** FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Waldilleman 9709 Packland Rd**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Earl J. Villenar*

Licensed Embalmer No. *350*

P. O. Address *Oreland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.